

# STUDENT HEALTH CARE PLAN

When a student is placed in the Jones Center we need to know if there are health problems that need special care. Please list ALL health concerns.

Student's Name: \_\_\_\_\_

Does student have any health problems: Yes \_\_\_\_ No \_\_\_\_

Health Problem:

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Health Care Plan:

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Allergies: food, etc. \_\_\_\_\_

Parent or Guardian to contact: \_\_\_\_\_ Number: \_\_\_\_\_

(If contact person or number changes please notify the Jones Center)

Parent or Guardian's Signature: \_\_\_\_\_

Teacher to contact: \_\_\_\_\_

Emergency School Number: \_\_\_\_\_